

Library

U R B A N D I S T R I C T O F T O R P O I N T

T H E
A N N U A L R E P O R T
O F T H E
M E D I C A L O F F I C E R O F H E A L T H
F O R T H E Y E A R
1959



TO THE CHAIRMAN AND MEMBERS OF THE URBAN DISTRICT COUNCIL
OF TORPOINT

Mr Chairman & Gentlemen,

The estimated population of No. 7 Health Area fell by 500 in 1959 to a total of 50,730. Of individual County Districts St. Germans Rural District, Torpoint Urban District and Liskeard Municipal Borough all showed decreases; there was no change in Liskeard Rural District and Saltash Municipal Borough and Looe Urban District had small increases. The corrected birth rate of 14.0 per 1000 of population was below the 1958 rate and was also below the national rate of 16.5 live births per 1000 of the population. The number of still-births fell by 7 to a total of 13 as compared with 1958 and brought the still-birth rate slightly below that for England and Wales.

The corrected death rate of 12.4 per 1000 of population was slightly above the national figure of 11.6 and the excess of deaths over live births was 61 suggesting a higher than usual proportion of elderly persons in the population of South East Cornwall. There were no deaths attributable to pregnancy and childbirth and infant deaths fell by 6 to a total of 9, bringing the infant mortality rate well below that for the country as a whole.

The prevalence of diseases causing death was substantially unchanged with heart disease, cancer and "strokes" in that order at the head of the list. Of the specifically defined forms of cancer that affecting the stomach was the most frequent cause of death with cancer of the lung and bronchus following very closely behind it.

The incidence of infectious disease (not including tuberculosis) was not particularly heavy during 1959 when 615 cases in all were notified. Cases of measles, of which 444 were notified, made up two-thirds of the total. Of the more serious forms of notifiable disease one case of non-paralytic poliomyelitis and one case of meningitis only were notified. If previous impressions are any guide I would have expected some increased prevalence of poliomyelitis in association with the hot dry summer weather of 1959. The fact that one mild case only occurred leads one to hope and believe that the poliomyelitis vaccination campaign has produced this wholly desirable result. It is yet too early to express any firm or useful opinion on the duration of the immunity which the vaccine provides but there are suggestions that a further (fourth) injection will be necessary to provide really satisfactory immunity of reasonable duration. Whilst the response to this prophylactic measure was quite good in those up to 15 years of age, in the 15 to 25 year age group the interest shown was very poor, and the majority in this age group have not bothered to avail themselves of this measure of protection against poliomyelitis. This scheme has now been extended to include persons up to the age of 40 years, but here again preliminary impressions are of very limited interest by those in the 25 to 40 year age group.

In recent years reports have been received of a mild epidemic type of gastro-enteritis and during the summer of 1959 it was fairly prevalent amongst visitors and local residents in this Area. The disease, the main features of which are vomiting and/or diarrhoea is normally of short duration and clears up in 24 to 48 hours without any specific treatment. Although bearing a superficial resemblance to food poisoning it differs from it in that no food poisoning germs can be found in the stools, and spread of the disease resembling as it does the passage of the common cold suggests that the infecting organism is probably air-borne from the upper respiratory tract of the sufferer. The cause is unknown but is thought to be a virus as yet unrecognised and unclassified.

At the present time the only communicable disease which gives cause for concern, and remains as a reminder of less happy days is tuberculosis. Whilst it is true that we no longer see the tragic deaths of young adults and talented and useful members of the community in the prime of life there is still an appreciable amount of tuberculous infection about. At one time some ten years ago high hopes

were entertained that with more effective remedies and methods of treatment coupled with improved techniques for discovering cases and a more enlightened attitude to the disease the days of tuberculosis as a major communicable disease were numbered. These hopes have proved to be over-optimistic, and we now know that the problem although it will be eventually reduced to insignificant proportions cannot be expected to resolve and disappear rapidly. More efficient methods of treatment are in some cases a two-edged sword. In the majority of cases quick and effective cures are achieved, but in a certain minority of cases the drugs do no more than keep alive as potential or possible sources of infection persons who would otherwise have died of the disease, and thereby ceased to menace others. The more enlightened attitude to this disease which has been more and more in evidence since the war has not unfortunately been effective in the older section of the community who are very unwilling to accept any suggestion that they might be sources of infection. It is a common finding that elderly contacts of cases are unco-operative or frankly unwilling to attend contact investigations designed to find the source of infection, and they seem very reluctant to attend mass radiography sessions when these are held in a locality. As far as the No. 7 Health Area is concerned there has been a moderate increase in the number of new cases of tuberculosis discovered over the past two years. After a progressive steady fall from 1953 to 1957 the incidence of new tuberculous infection discovered in 1959 was back to the level of 1954. Whereas up to 15 or 20 years ago the main impact of this disease was on the young adult there has in recent years been a shift in the incidence to those in the middle-aged and elderly section of the population and in 1959 the percentage of cases aged 45 years and above at the time of notification was as high as 38%. If any lesson is to be learned from this it is surely that people, who because of their age might have regarded themselves as being safe from the risk of tuberculous infection, should not hesitate to seek advice and should submit to necessary investigation when any chest condition shows a tendency to become chronic or even slow to clear. This is particularly important if as grandparents they have contact with and possibly charge of small children.

Last year I wrote at some length about noise and the role it probably plays in helping to bring about mental strain and fatigue. I was gratified to see that not long after I had committed my sentiments to paper a lively attack on the problem and menace of loud and uncontrolled noise got under way in the correspondence columns of at least one national daily newspaper. This resulted in the formation of a Noise Abatement League or Society, and subsequently a Private Members Bill on the subject was brought before Parliament, and received general support. I sincerely hope that this and any future legislation which might be found necessary will deal firmly and effectively with the increasing volume of unnecessary and unpleasant noise which is such an unwelcome feature of our modern life.

I have on many previous occasions referred to the important, almost indispensable part which members of the general public can and indeed must play if a really satisfactory standard of food hygiene is to be achieved in this country. Those of us who are charged with advising on clean methods of food handling, and on suitable equipment to help achieve this, can do no more than exercise a general supervision of personnel and premises concerned in the handling of food. My own impression is that the greatest danger to clean food stems not from inadequate premises and equipment, but from unhygienic practices by those handling the food. These exist and continue partly because those concerned see no need for high standards in handling food, partly because owners, managers and employees in premises handling food know little of the simple rules for avoiding the transmission of infection through food, but most of all because the great mass of the British public are not really interested in the way in which their food is handled. We have known for some time that our neighbours from Europe, and especially from the Scandinavian countries do not think highly of our attitude to food hygiene. I was interested to read recently an account by a very experienced senior Public Health Officer of a visit to America during which he found amongst the general body of United States residents a much keener appreciation of the need for cleanliness in food handling, and a much less tolerant and laissez-faire attitude toward those who fail in their duty to the customer in this respect. Whilst it is probable that some of this attitude arises from the knowledge that in America illness presents a serious financial problem to the individual or family, it also shows a more critical and more enlightened view of the problem. I do not believe that even the most apathetic of consumers likes the idea of eating dirty and perhaps dangerous food, but until customers take a stronger line with employees and managements, real progress to the goal of really clean food will be slow and discouraging. I think the final word on this subject might rest with our transatlantic cousins whose slogan "Protect yourself yourself" is to the point and makes good sense.

For some considerable time the Cornwall Branch of the Association of Public Health Inspectors has been engaged in the formulation of standard conditions which

owners and operators of caravan and camping sites would be required to comply with before a licence under the Public Health Act 1936, Section 269 would be granted by a County District Council. These new standard conditions are so designed as to achieve clean, hygienic and healthy conditions for caravan dwellers and campers and any new sites should therefore be satisfactory from the public health point of view. These new standard conditions have been generally adopted throughout the County, and their operation will I feel sure in the course of time enhance the good name of Cornwall as a place for a caravan or camping holiday.

In recent years we have seen in Devon and Cornwall a less desirable type of itinerant holiday maker. I refer to those people who either elect or are forced to spend their nights sleeping in cars on roadside verges and lay-bys. That this way of spending a holiday is uncomfortable and fatiguing is largely a matter for those who do it, although I can believe that the participants in a "holiday" of this sort cannot be much of an asset to the organisation which employs them when they return to work. That they should cause the countryside adjacent to their halting places to become untidy, foul and insanitary from their litter and dejecta is something we are all entitled to complain about. My own view of these people is that they are for the most part feckless and irresponsible by nature having either failed to make proper arrangements in advance for their holiday accommodation, or in choosing this way of living without care or consideration for those who have to suffer the trail of filth which they leave in their wake. The fact that the practice has been seen to continue when there is accommodation on camping sites or in hotels, guest houses and farmhouses in the vicinity suggests that however much accommodation is made available some of these people will continue to spend their holidays in this cheap and nasty way. It will however be interesting to see if the provision of more camping sites to which these itinerants could gain admission and on which sanitary arrangements would be provided will do anything to reduce the size of the problem, and the degree of nuisance to landowners and the general public which it brings about each summer.

The report of the Medical Research Council with the title "Sewage Contamination of Bathing Beaches in England and Wales" which was published in December 1959 has occasioned much comment and not a little hostile criticism. This latter critical attitude stemmed from the fear that the negative findings of the Research Committee in their investigation into an association between bathing in water polluted by sewage and disease might lull local authorities into a false sense of security and complacency about their sewage disposal arrangements. In my view this criticism though well-motivated by anxiety to see the problem of sewage contamination of coastal waters and inland waterways tackled, was hasty, ill-conceived and hardly just to the Research Committee. We are all aware of the potential danger which sewage constitutes when present in water and on beaches frequented by bathers. It was in an effort to define and measure more precisely the extent and nature of the hazard to health that the Committee undertook a long and searching enquiry into the matter. At the end of this enquiry they had no alternative but to report that they could discover no evidence that bathing in sewage contaminated water caused disease. I was not surprised at this finding since I have never encountered any case of disease which I could honestly attribute to bathing in sewage contaminated water nor have my colleagues in general practice in this part of Cornwall ever drawn my attention to any such instance. It does not at all follow that because bathing in contaminated water does not appear to be dangerous to health that we can with impunity continue to discharge crude sewage into coastal waters or indeed any waterway. In my Annual Report for 1955 I urged that the necessity for proper means of sewage disposal be assessed largely on questions of public decency and amenity, and less on any potential threat to health. The negative findings of the Research Committee support the view I then took and make it more necessary than ever that this problem be approached from the aesthetic angle. Our claim to be a civilized nation with a high standard of living rings very hollow if we are not prepared to deal energetically with our present disgusting habit of fouling coastal waters, inland watercourses, and land with our dejecta.

Whilst on the subject of sewage disposal I want to refer to a difficulty which is beginning to be felt in the operation of sewage disposal plants. The end result of present methods of treating sewage is the production of a solid residue known as sludge. This material has to be removed regularly from the disposal plant, and it is here that the difficulty arises. Sludge although containing nitrogenous material which renders it suitable as a type of manure, is unpleasant to handle,

and may spread organisms of human, animal, and plant disease to animals and crops. For these reasons it is far from easy and sometimes impossible to get farmers to remove sludge for use on land. As each year more sewage disposal plants are constructed and brought into operation the problem will become more acute. The most promising solution lies in a system which combining specially treated sewage sludge with selected parts of household refuse can produce an acceptable odourless and safe form of compost for use on agricultural land and in market and private gardens. This has the merit of helping to deal with two otherwise troublesome end-products of human existence - sewage sludge, and household and trade refuse - and the conservation and return to the land of nitrogenous materials and humus which might otherwise be lost. The major drawback is the high capital cost of such a plant making it necessary in the case of smaller authorities for several to combine together to provide one on a joint user basis, and this in turn would involve expense in transporting household refuse and sludge from those parts of the district served which are remote from the plant. In spite of this the increasing difficulty of disposing of sludge and of finding sites for properly controlled disposal of household refuse may compel Councils to adopt this or some other system to solve their problems.

With some easing in the demand for houses it has been possible for Councils to devote more attention to housing specifically designed for elderly people. As the drive to clear away old, unhealthy, sub-standard houses and cottages continues many instances of old persons living under very unsatisfactory housing conditions are coming to light. These old people are relieved of much worry if they feel that when the dwelling they live in has to be closed or demolished they can be rehoused in an old persons flat or bungalow instead of having to go to a home or an institution.

In concluding this preface I should like to again express my thanks to all those who in any way have assisted and encouraged me in my work during the year 1959.

I have the honour to be,

Your obedient Servant,

P.J. FOX

Medical Officer of Health.

TORPOINT URBAN DISTRICT

Public Health and Water Committee.

Councillor R.A. Grinter Chairman

Councillor J.E.F. Cudlip Vice-Chairman

Housing and Works Committee.

Councillor E.J. Cocks Chairman

Councillor T. Pugh Vice-Chairman

Public Health Officers of the Authority

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W. Hogarth, F.F.S., M.A.P.H.I., M.R.S.H.,
Senior Public Health Inspector.

J.G. Biles, M.A.P.H.I.,
Additional Public Health Inspector.

Council Offices, Buller Road, Torpoint,
Cornwall. Telephone - Torpoint 10.

TORPOINT URBAN DISTRICT

Area of Urban District	975	acres
Population (Registrar General's Estimate)	5,950	
Number of Inhabited Houses	1,270	
Total Rateable Value	- £ -	72,011
Product of Penny Rate		£ 292

Vital Statistics for 1959

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	29	27	56

	<u>Torpoint U.D.</u>	<u>Health Area No: 7.</u>	<u>England & Wa</u>
Birth rate per 1,000 of population	10.5.	14.0	16.5.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	26	21	47

	<u>Torpoint U.D.</u>	<u>Health Area No: 7.</u>	<u>England & Wa</u>
Death rate per 1,000 of population	11.0	12.4	11.6

There were no still births, no maternal deaths, and no deaths of infants under one year of age in the Urban District during 1959.

Principal Causes of Death at all Ages

Heart Disease	16
Cancer (all sites)	10
Vascular lesions of the nervous system ("stroke")	7
Respiratory disease	6
Circulatory disease	3
Accidents	2

Average Age at Death

<u>Male</u>	<u>Female</u>
72	71

Infectious Disease. The incidence of infectious disease continued at an uncommonly low level during 1959 when two cases only were notified.

The following are actual numbers and case rates of notifiable disease during the year:-

<u>Disease</u>	<u>Cases</u>	<u>Case rate per 1,000 of population</u>
		<u>Torpoint U.D.</u> <u>Health Area No: 7.</u>
Scarlet fever	2	0.34 0.77

Tuberculosis. There was a slight reduction in the number of new cases of tuberculosis notified in 1959 as compared with the previous year. Three cases of respiratory disease and one non-respiratory infection were notified. There were no deaths from tuberculosis.

The following are details of new cases and case rates in the Urban District during 1959:-

<u>Age Group</u>	<u>New Cases</u>	
	<u>M</u>	<u>F</u>
0 - 5	-	-
5 - 15	-	1
15 - 25	-	1
25 - 45	-	1
45 - 65	-	-
65 and over	1	-
	<u>1</u>	<u>3</u>

Rate per 1,000 of population
Torpoint U.D. Health Area No: 7.

New cases	0.67	0.77
All known cases	7.73	6.23
Deaths	-	0.06

At the end of 1959 there were 39 known cases of respiratory tuberculosis and 7 known cases of non-respiratory tuberculosis residing in the Urban District.

National Assistance Act, 1948. No action under Section 47 of the Act was required during the year.

Water Supply. In spite of the very dry and warm summer there was no serious or prolonged shortage of water in the Urban District, although some minor restrictions on the supply of water at night had to be imposed for a short period in October.

The variable and at times frankly unsatisfactory quality of water reaching Eglaroose reservoir from the uncontrolled gathering grounds on which are situated two farms called for constant vigilance on the part of the Senior Public Health Inspector and his staff. With the increased use of chemicals in farm management either for increasing the fertility of the land or for the control of pests, and plant disease there is an increase in the risk of these substances being carried into Eglaroose reservoir. It has therefore become necessary to give more urgent consideration to ways and means of gaining stricter control over the land forming the catchment area for this reservoir, or if that proves impracticable to abandoning this unsatisfactory and troublesome source of supply.

Sewerage and Sewage Disposal. This continues as before with untreated sewage being discharged from several outfalls into the Hamoaze estuary.

Food. The general standard of cleanliness in shops and catering premises was reasonably good as were the practices of persons employed in food handling. I would have preferred to see that food displayed outside food premises should in addition to being 18 inches clear of the ground, be covered against risk of contamination, but it was decided by the Council that this would be an unreasonably strict interpretation of the Food Hygiene Regulations.

Food Poisoning. No cases were notified during the year.

Factories Act 1937 to 1959. No difficulties in the administration of these Acts was experienced during 1959.

Report of the Senior Public Health Inspector. This report by Mr Wilson Hogarth follows. I should like to express to Mr Hogarth and to the Additional Public Health Inspector Mr Biles my gratitude for the assistance they have given me throughout the year.

Public Health Inspector's Report for 1959

Sanitary Circumstances of the Area

Water Supply.

Although there were serious shortages of water in the country as a whole and some of our neighbouring local authorities were affected, there was no serious shortage in the Urban District. It was however necessary to shut off water supplies from 11.30.p.m. until 5.30.am. during the month of October, and this had the effect of impressing upon consumers the urgent necessity for economy. Theoretically it should have been possible to conserve 15,000 gallons per day, but our expectation was in the region of 12,000 gallons, whereas, as a matter of fact, 27,000 gallons per day was saved, which seems to prove the psychological effect of the public becoming water conscious. In the middle of October, the amount of water in storage in the town's two reservoirs was $1\frac{1}{2}$ million gallons out of a total capacity of $8\frac{1}{2}$ million gallons, which, allowing for a saving of 27,000 gallons a day in the consumption, gave a reserve of water for thirty days' supply, but by the end of the month the dry spell had broken and heavy rainfall was experienced and by mid-November there was an ample reserve of water.

During this year Messrs. G.H. Ivory & Partners, Consulting Civil Engineers, Plymouth, instructed Messrs. Aubrey Long Ltd., Civil Engineering Contractors, Torpoint, and Messrs. The United Filters Engineering Co. Ltd., of London, to begin work upon the installation of a new high-pressure filtration plant to replace the slow sand filters at the Borough Works. This caused a great deal of disturbance to the supply and gave rise to complaints from the public from time to time, but the change-over from the slow sand filtration to high-pressure filtration was accomplished in December of this year, and it remains to be seen whether this new and costly plant will be as efficient as the Council hopes it will be.

Close watch has been kept upon the dissolved oxygen content in the water supply from Eglaroose Reservoir, as it was found in 1956 that a low oxygen content was associated with taste and smell in the filtered water. Constant tests were carried out in the office, and as soon as the Lovibond Comparator showed by colour test that the oxygen content was becoming low, steps were taken to introduce oxygen into the supply at the reservoir. The new filtration plant at Borough will, however, be provided with apparatus for oxygenation of the supply and this should go a long way towards eliminating future trouble in this direction.

Weed-killing at Craffhole Reservoir, by digging up the roots and exposing the whole of the floor of the reservoir to frost, has proved to be ineffective, but no more so than the use of Atlacide was in 1958. In other words, the amount of weeds is steadily being reduced and it seems that the only safe and reasonable method is to remove the roots by hand. Considerable investigation has been made into the possibility of employing a chemical weed-killer but it now seems clear in the present state of knowledge that no such weed-killer is available.

Water Sampling.

In 1959, ten samples of untreated water were taken, and of twentythree treated samples, two were found to be of unsatisfactory quality. These were due to heavily contaminated taps, from which, after re-sterilisation, good samples were obtained.

Two samples of untreated water, and two samples of treated water were sent in June to a Public Analyst for chemical and bacteriological examination. The report showed that a satisfactory standard had been maintained.

During the summer months, tests to ascertain the oxygen content were continued, and when this was low, steps were taken to introduce air into the untreated water.

Drainage and Sewerage.

The various sewerage systems in the town gave no trouble during the year, and although they have been extended very considerably in recent years, owing to the construction of about three hundred dwellings on the south western side of the town, careful planning has ensured that the main sewers were not overloaded.

Refuse Collection and Disposal.

This service is giving cause for serious concern. Refuse disposal in a suitable tip or by means of an incinerator is a matter of urgent necessity and it is hoped that this question will be settled within the next few months. The present tipping space at Borough Quarry is very limited indeed, and as there are no places within the Urban District considered suitable by the Council for controlled tipping, the construction of an incinerator appears to be the only reasonable solution. At least it will be economical and hygienic, whereas the long haul to a refuse tip some miles outside the Urban District would be very costly indeed.

The collection of refuse continues to be satisfactory and economical. The Karrier Bantam 12 cub.yd. moving floor refuse vehicle, purchased by the Council in 1956 for over \$1200, has been a very good investment because its large capacity has reduced the number of runs to the tip and the consequent loss of time to refuse collectors awaiting the return of the vehicle. The use of this machine is also much less fatiguing to the men because the loading line is lower and the amount of dust emitted during collection is much reduced. In short, this machine has given satisfaction and offset rising running costs and wages to some extent.

Housing.

The real housing needs of the town appear to have been satisfied in so far as Council houses are concerned. The demand now appears to be for dwellings for newly married couples and for old people and single persons, but in so far as rehousing of families due to slum clearance is concerned, since the Minister decided against the Council's proposals for a Clearance Area in Macey Street, this need has been entirely removed, and cases of "housing need" due to overcrowding or bad housing conditions within the meaning of the Housing Acts are very few indeed.

The Council has completed the building of Flats in Macey Street during the present year, and the eighteen terrace type and semi-detached Council houses now being built on the Queens Park Estate are rapidly nearing completion. In all, nineteen Council houses were completed and occupied during the year. Private enterprise, built for sale, twentyone houses during the year and they were purchased and occupied as soon as they were completed. The development of the private enterprise estate at Chapeldown is now virtually complete, and if this kind of development is to be encouraged, then efforts will have to be made to secure fresh sites. The Town Planning Committee has approved in principle the development of a further twentyfour acres of land on the western side of Torpoint for housing, but at the moment there are no signs of concrete proposals being put forward by intending developers and unless sites are readily available at reasonable cost and without undue restrictions, then prospective house purchasers will go elsewhere.

A physical start has been made with the removal of the Arcon bungalows from the Council's Mount Edgcumbe Estate. Six of those have been removed during the year and the occupants rehoused on the Queens Park Estate. The fifty prefabricated bungalows which were originally built on the site will be replaced by sixtyone dwellings and sixteen garages, and it is the Council's intention to remove the first eleven bungalows and build houses in their place, ready to rehouse the tenants from the next batch of bungalows to be removed. In so far as further development is concerned, the Council is giving serious consideration to the possibility of building blocks of flats on two vacant sites adjoining the main road through the town, but because of the steepness of the land and the rocky subsoil, development is likely to be expensive.

Slum Clearance.

At a Public Inquiry held in respect of a Clearance Order placed upon eight houses, the Minister's representative decided not to confirm this Order, subject to the owners carrying out agreed repairs. Following confirmation of other Clearance Orders, and of Demolition Orders, five houses were demolished by owners and eighteen by the local authority, in default of owners.

Factories.

There are eleven factories with power and one without power in the Urban District. Two verbal requests to carry out work were complied with, and no statutory notices were served.

Shops and Food Premises.

The following is a summary of the food premises in the Urban District:-

- 1 Baker & confectioner registered for sale of ice-cream, Cornish cream and for manufacture of cooked meats.
- 1 Butcher.
- 3 Butchers manufacturing sausages and cooking meat.
- 2 Cafes and snack-bars selling ice-cream.
- 1 Confectionery.
- 1 Confectionery registered for sale of ice-cream.
- 2 Dairies and purveyors of milk.
- 1 Fish and chip shop selling ice-cream and manufacturing fish-cakes.
- 1 Fish and chip shop selling ice-cream, wet fish and making fish-cakes.
- 3 General shops registered for sale of ice-cream.
- 1 General and confectionery shop selling ice-cream.
- 1 General shop selling ice-cream and bottled milk.
- 1 Greengrocery.
- 1 Greengrocery and fishmongery.
- 1 Greengrocery registered for sale of ice-cream and Cornish cream.
- 1 Grocery registered for baking cakes and cooking meats.
- 3 Grocers shops.
- 1 Grocery selling ice-cream and bottled milk.
- 1 Grocery registered as a dairy and selling ice-cream.
- 1 Grocery and greengrocery.
- 1 Grocery and wine-merchant.
- 1 Sale and storage of ice-cream.
- 1 Sweet shop and newsagent.
- 1 Sweet shop and newsagent registered for sale of ice-cream.
- 1 Sweet shop, tobacconist and hairdresser.

3 Private clubs selling food.

6 Licenced premises.

Registered under section 16 of the Food & Drugs Act, 1955, are the following premises:-

Sale of ice-cream (Including 2 registered premises where sales are at present discontinued)	15
Manufacture and sale of cooked meats	2
" " " of cooked meats and sausages	5

Three premises registered as dairies have occupiers licensed for the purveying of specially designated milk. Three shops are licensed for the sale of bottled milk. All milk sold in the Urban District is pasteurised. There are three food shops registered for the sale of Cornish cream.

No statutory notices were served during the year, and the general standard remains good.

In November the Council resolved by Minute 401 that they were satisfied with the general standard obtaining in food shops in Torpoint, and that as long as this standard was maintained, no further action would be taken. It was resolved further that the Committee would insist that all food displayed must be a minimum of 18" from the ground, but they would not insist on food so displayed being covered. This resolution modifies the former attitude of the Council towards the interpretation of the Food Hygiene Regulations and the existing Food Handling Byelaws.

Food Sampling.

Of twentyeight samples of milk taken, all were satisfactory, but a further eight were declared void due to atmospheric shade temperature being above 65°F.

Thirtyfive ice-cream samples taken were found to be in grade 1, but two other samples fell into grade 3 category. No cause could be traced, but follow-up samples were satisfactory.

In addition to the aforementioned samples, tests were made in respect of corned beef, Cornish cream, sausage meat, fresh crab, egg tart, pasty and meat pies. No pathogenic organisms were found in any of the samples of food taken.

The following foods were surrendered voluntarily for destruction

- 3 stone frozen mackerel.
- 4 lb. pork luncheon meat.
- 2 x 9 lb. tins of shoulder of ham.
- 3 x 6 lb. tins of corned beef.

No slaughtering is carried out in the Urban District.

Rodent Control.

No infestations of mice were reported. One complaint was received regarding a suspected rat infestation near a bombed site, but in all test-baiting for rats, no takes were recorded.

Vermin.

No evidence of vermin was found throughout the year.

Sanitary Inspections of the Area

1. Inspection of Dwelling Houses during the Year.

1. (a) Total number of dwelling houses inspected for defects under Public Health and Housing Acts.

110

(b)	Number of inspections made for the purpose	276
2. (a)	Number of dwelling houses (included in sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations 1925 & 1932	0
(b)	Number of inspections made for the purpose	0
3.	Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.	4
4.	Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found to be in all respects reasonably fit for human habitation.	11
<u>II. Remedy of Defects during the Year without Service of Formal Notices.</u>		
	Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers.	4
<u>III. Action under Statutory Powers during the Year.</u>		
(a)	Proceedings under Section 9, 10 and 16 of the Housing Act, 1936, and Sections 9, 10 and 12 of the Housing Act, 1957:-	
1.	Number of dwelling houses in respect of which notices were served requiring repairs.	4
2.	Number of dwelling houses in which defects were remedied after service of formal notices:-	
(a)	by owners.	1
(b)	by Local Authority in default of owners.	0
(b)	Proceedings under Public Health Acts :-	
1.	Number of dwelling houses in respect of which notices were served requiring defects to be remedied.	4
2.	Number of dwelling houses in which defects were remedied after service of formal notice :-	
(a)	by owners.	4
(b)	by Local Authority in default of owners.	0
(c)	Proceedings under Sections 11 and 13 of the Housing Act, 1936, and Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953, and Sections 16 and 23 of the Housing Act, 1957.	
1.	Number of dwelling houses in respect of which Demolition Orders were made	1
2.	Number of dwelling houses demolished in pursuance of Demolition Orders	0
3.	Number of undertakings not to use unfit houses accepted.	0
4.	Number of dwelling houses in respect of which Closing Orders were made	0

5. Number of dwelling houses in respect of which Closing Orders were determined.	0
(d) Proceedings under Section 12 of the Housing Act, 1936, and Section 18 of the Housing Act, 1957.	
1. Number of separate tenements or underground rooms in respect of which Closing Orders were made.	0
2. Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenements or rooms having been rendered fit.	0
IV. <u>Housing Act, 1936, Part IV and Housing Act, 1957, Part IV.</u>	
<u>Overcrowding :-</u>	
(a) 1. Number of dwellings overcrowded at the end of the year.	0
2. Number of families dwelling therein.	0
3. Number of persons dwelling therein.	0
(b) Number of new cases of overcrowding during the year.	0
(c) 1. Number of cases of overcrowding relieved during the Year.	0
2. Number of persons concerned in such cases.	0
(a) Drains tested.	43
No. of visits re. drainage.	59
(b) Visits re infectious diseases.	0
Premises disinfected.	0
(c) Inspections of Food Premises.	148
(d) Inspections of shops under Shops Act.	5
(e) Inspection of Factories.	15
(f) Preliminary Inspection of Houses for Slum Clearance Plan.	0

APPENDIX 1

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1959

DISEASE	ST.GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO.7
Heart disease	73	78	32	16	53	27	279
Cancer (all sites)	40	26	20	10	15	19	130
Vascular lesions of the nervous system ("stroke")	36	20	17	7	16	11	107
Respiratory disease	14	11	6	6	2	2	41
Circulatory disease	11	3	7	3	4	-	28
Accidents	7	6	1	2	1	-	17
Genito-urinary disease	4	3	1	-	1	3	12
Digestive disease	2	3	1	-	1	-	7
Suicide	2	3	1	-	1	-	7

Includes 3 motor vehicle accidents.

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1959

TYPE OF DISEASE	ST.GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO.7
Coronary disease, angina	32	30	20	6	8	10	106
Hypertension with heart disease	2	5	-	1	3	2	13
Other heart disease	39	43	12	9	42	15	160
Cancer of stomach	4	4	4	3	1	3	19
Cancer of lung & bronchus	6	-	4	2	4	2	18
Cancer of breast	5	3	2	-	-	2	12
Cancer of uterus	1	3	-	-	-	1	5
Leukaemia	2	-	1	-	-	1	4
Other cancers	22	16	9	5	10	10	72

APPENDIX 3.

DEATHS BY AGE GROUPS - 1959

DISTRICT	0 - 5 YEARS	5-15 YEARS	15-45 YEARS	45-65 YEARS	65-75 YEARS	75 YEARS AND OVER	ALL AGES
ST. GERMANS R.D.	6	1	2	39	61	105	214
LISKEARD R.D.	4	-	9	33	41	77	164
SALTASH M.B.	-	1	2	24	31	35	93
TORPOINT U.D.	-	-	2	9	13	23	47
LISKEARD M.B.	-	1	1	15	28	60	105
LOOE U.D.	-	-	1	15	14	36	66
HEALTH AREA NO. 7	10	3	17	135	188	336	689

APPENDIX 4.

AVERAGE AGE AT DEATH - 1959

DISTRICT	MALES	FEMALES
ST. GERMANS R.D.	69	72
LISKEARD R.D.	67	71
SALTASH MB.	68	72
TORPOINT U.D.	72	71
LISKEARD M.B.	75	76
LOOE U.D.	73	74
HEALTH AREA NO.7	71	73

Annual Report of the Medical Officer of Health
in respect of the Year 1959 for the Urban District of
Torpoint in the County of Cornwall.

Prescribed Particulars on the Administration
of the Factories Act, 1937.

Part 1 of the Act.

- Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises. (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted. (5)
i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	2	-	-
ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.....	11	13	-	-
iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)				
Total.....	12	15		

- Cases in which defects were found.
(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars. (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted. (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
nt of cleanliness (S.1)	-	-	-	-	-
ercrowding (S.2)	-	-	-	-	-
reasonable temperature (S.3)	-	-	-	-	-
adequate ventilation (S.4)	-	-	-	-	-

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)	-	-	-	-	-
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	2	2	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Out-work)	-	-	-	-	-
Total	2	2	-	-	-

Part VII of the Act.

Outwork

(Sections 110 & 111)

There are no outworkers in the Torpoint Urban Area.

APPENDIX 5.

TUBERCULOSIS
NEW CASES AND DEATHS IN HEALTH AREA NO. 7 - 1959

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 - 5 YEARS	1	-	-	-
5 -15 YEARS	1	2	-	-
15 -25 YEARS	1	5	-	-
25 -45 YEARS	6	8	-	-
45 -65 YEARS	5	2	-	-
65 YEARS AND OVER	6	2	1	2
	<u>20</u>	<u>19</u>	<u>1</u>	<u>2</u>

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
NEW CASE RATE PER 1000 OF POPULATION	0.39	0.37	0.77
MORTALITY RATE PER 1000 OF POPULATION	0.02	0.04	0.06

CASE RATES AND MORTALITY RATES PER 1000 OF POPULATION IN
THE SIX COUNTY DISTRICTS IN HEALTH AREA NO. 7 - 1959

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES</u> <u>AT 31.12.59.</u>	<u>DEATHS</u>
ST. GERMAN'S R.D.	0.78	6.16	-
LISKEARD R.D.	0.65	4.83	0.07
SALTASH M.B.	0.81	6.98	0.13
TORPOINT U.D.	0.67	7.73	-
LISKEARD M.B.	1.64	7.96	0.23
LOOE U.D.	0.26	5.82	-
HEALTH AREA NO. 7	0.77	6.23	0.06
CORNWALL COUNTY	0.61	7.23	0.07

APPENDIX 6.

CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUPS AND SEXES - 1959

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>
15 - 45 YEARS	-	-
45 - 65 YEARS	7	2
65 - 75 YEARS	6	1
75 YEARS AND OVER	2	-
<u>ALL AGES</u>	<u>15</u>	<u>3</u>

CANCER OF THE LUNG AND BRONCHUS
DEATH RATE PER 1000 OF POPULATION - 1959

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
HEALTH AREA NO. 7.	0.296	0.059	0.355
CORNWALL COUNTY	0.280	0.041	0.321
ENGLAND AND WALES	0.401	0.063	0.464

